# DATA ELEMENT DESCRIPTION EBCDIC EFT
# INPUT RECORD FORMAT – ELECTRONIC CLAIMS
# (ALL RECORDS ARE VARIABLE LENGTH)

| Record Name | Start | Length | Type | Description/Values |
|---|---|---|---|---|
| **1. File Header Record** | | | | |
| **Field Name** | | | | |
| * Record-ID | 1 | 5 | AN | Value '00HDR' |
| Filler | 6 | 5 | AN | Blank fill |
| * Agency-ID | 11 | 4 | AN | 4 digit-left justified: Zero fill uniform agency code. Source: Uniform Codes Manual, Department of Finance. |
| System-Identification | 15 | 5 | AN | Value 'EFTTC' |
| Filler | 20 | Through 100 | AN | Blank fill |
| **2. Claim Header Record** | | | | |
| **Field Name** | | | | |
| * Record-Code | 1 | 2 | N | Value '05' |
| * Claim-No | 3 | 2 | N | Value from '01' to '99', claims within a file are in ascending consecutive order. There is one claim number per claim schedule submitted. |
| **Record-Type** | | | | |
| * Trlr-Code | 5 | 1 | N | Value '0' |
| * Detail-Code | 6 | 1 | N | Value '0' |
| * Header-Code | 7 | 1 | N | Value '1' |
| Filler | 8 | 3 | AN | Blank fill |
| * Claim-Sch-No | 11 | 8 | AN | Number assigned by department's accounting office matching hard copy claim certification submitted by agency; left justified. |
| Filler | 19 | 2 | AN | Blank fill |
| * Claim-ID | 21 | 10 | AN | Provided by SCO-Audits prior to Agency submission of test file(s). |

| Record Name | Start | Length | Type | Description/Values |
|---|---|---|---|---|
| * CCD-Indicator | 31 | 1 | AN | Non-HIPAA = 'P'<br>HIPAA = 'C' |
| * HIPAA-Indicator | 32 | 1 | AN | Non-HIPAA = blank fill<br>HIPAA = 'H' |
| Filler | 33 | Through 100 | AN | Blank fill |

### 3. Detail Payment Record

#### Field Name

| | Start | Length | Type | Description/Values |
|---|---|---|---|---|
| * Record-Code | 1 | 2 | N | Value '05' |
| * Claim-No | 3 | 2 | N | That value associated with the Claim-No of Claim Header Record. |

#### Record-Type

| | Start | Length | Type | Description/Values |
|---|---|---|---|---|
| * Trlr-Code | 5 | 1 | N | Value '0' |
| * Detail-Code | 6 | 1 | N | Value '1' |
| * Header-Code | 7 | 1 | N | Value '0' |
| * Zip-Code-First 5 | 8 | 5 | AN | Payee zip code; left justified; must not be |
| * Zip-Code-Last 4 | 13 | 4 | AN | blank; must contain zip code or zero fill.<br>If 5 digit zip, left justified and leave remaining 4 digits blank.<br>Zero fill all 9 bytes if zip is not available or foreign country. |
| * Payee-ID | 17 | 10 | AN | Agency assigned ID number.<br>Do not use SSN, left justified. |
| Agency-Optional-ID or Sequence-Number | 27 | 6 | AN, N, or P | Agency use. |
| * Line-No | 33 | 2 | N | Value '00' |
| * Det-Amt-Ind | 35 | 1 | N | Value '1' |
| * Payment-Amt. | 36 | 6 | P | Payment amount numeric.<br>Must be $0 or greater, but not more than $99,999,999.99 S9(9)v99 comp 3. |

| Record Name | Start | Length | Type | Description/Values |
|---|---|---|---|---|
| Filler | 42 | 4 | AN | Agency use or blank fill |
| * Payee-Name | 46 | 30 | AN | Payments made in favor of payee (Bankfile only captures 22 bytes of name) |
| Filler | 76 | 5 | AN | Blank fill |
| Address-Line 1 | 81 | 30 | AN | If statement is to be mailed to the payee the address must be populated. If 'care of' information is reserved for line 1 and left blank, then line 2 must not be blank. |
| Address-Line 2 | 111 | 30 | AN | See Address Line 1 |
| Address-Line 3 | 141 | 30 | AN | Do not include zip code here, unless foreign country. |
| Address-Line 4 | 171 | 30 | AN | Do not include zip code here, unless foreign country. |
| * Reportable-Code | 201 | 1 | AN | Value '0', must not be blank. |
| SCO-Internal-Use | 202 | 16 | AN | Blank fill, SCO Internal Use Only |

**EFT-Banking Information**

| Record Name | Start | Length | Type | Description/Values |
|---|---|---|---|---|
| * Trans-Code | 218 | 2 | AN | Credit Transactions 22 – checking or 32 - savings |
| * Transit-Routing-Code | 220 | 9 | N | 9 digit bank code includes check digit. |
| * DFI-Account-No | 229 | 17 | AN | Payee bank account number. |
| * RA-Print-Suppress-Ind | 246 | 1 | AN | If RA Print Suppression Indicator = Y (yes), RA Statements will not be printed. All other values RA Statements will be printed |

**Non-HIPAA**

| Record Name | Start | Length | Type | Description/Values |
|---|---|---|---|---|
| Filler | 247 | 4 | AN | Blank fill |
| SCO-Internal-Use | 251 | 60 | AN | Blank fill, SCO Internal Use Only |
| Audit-Info | 311 | Through 7992 | AN | Variable as described by SCO-Audits |

**HIPAA**

| Record Name | Start | Length | Type | Description/Values |
|---|---|---|---|---|
| Filler | 247 | 4 | AN | Blank fill |
| * TRN02-Reference-ID | 251 | 50 | AN | Agency use, unique number associated    with payment |
| * TRN03-Company-ID | 301 | 10 | AN | Agency FEIN number |
| Audit-Info | 311 | Through 7992 | AN | Variable as described by SCO-Audits |

**4.  Secondary Payee (SP) Record**

Purpose:  To satisfy Government Code section 26903 or to notify other parties of payments (not tax reporting); required when payee is a local government agency.

**Field Name**

| | Start | Length | Type | Description/Values |
|---|---|---|---|---|
| * Record-Code | 1 | 2 | N | Value '05' |
| * Claim-No | 3 | 2 | N | That value associated with the Claim-No of Claim Header Record. |

**Record-Type**

| | Start | Length | Type | Description/Values |
|---|---|---|---|---|
| * Trlr-Code | 5 | 1 | N | Value '0' |
| * Detail-Code | 6 | 1 | N | Value '1' |
| * Header-Code | 7 | 1 | N | Value '0' |
| * Zip-Code-First 5 | 8 | 5 | AN | Payee zip code; left justified; must not be blank.  Zip code or zero fill.  Include zip code in address field for secondary payee address (County Auditor). |
| * Zip-Code-Last 4 | 13 | 4 | AN | |
| * Payee-ID | 17 | 10 | AN | Agency assigned ID number. Do not use SSN, left justified. |
| Agency-Optional-ID or Sequence-Number | 27 | 6 | AN, N, or P | Agency use. If used the ID/Seq-No in the Detail Payment Record and the supporting Remittance Advice lines must match the specific payment and audit information. |
| * Line-No | 33 | 2 | N | Value '00' |
| * Det-Amt-Ind | 35 | 1 | N | Value '2' for this record |

| Record Name | Start | Length | Type | Description/Values |
|---|---|---|---|---|
| * Detail-Payment-Amt | 36 | 6 | P | Payment amount numeric. Must be $0 or greater, but not more than $99,999,999.99 S9(9)v99 comp 3. |
| Filler | 42 | 4 | AN | Agency use or blank fill |
| * Payee-Name | 46 | 30 | AN | Party to be notified (Auditor Controller). |
| Filler | 76 | 5 | AN | Blank fill |
| Address-Line 1 | 81 | 30 | AN | Address of party to be notified by remittance advice. If 'care of' information is reserved for line 1 and left blank, then line 2 must not be blank. |
| Address-Line 2 | 111 | 30 | AN | See Address Line 1 |
| Address-Line 3 | 141 | 30 | AN | MUST include zip code of party to be notified. |
| Address-Line 4 | 171 | 30 | AN | |
| Filler | 201 | 110 | AN | Blank fill |
| SP-Audit-Info | 311 | Through 7992 | AN | Variable as described by SCO-Audits. |

5. **Detail Remittance Advice (RA) Statement Record (Print Record – Lines 01 to 42)**

One record per printed statement line. Maximum 42 lines of 62 characters of printed information.

**Field Name**

| | Start | Length | Type | |
|---|---|---|---|---|
| * Record-Code | 1 | 2 | N | Value '05' |
| * Claim-No | 3 | 2 | N | That value associated with the Claim-No of Claim Header Record. |

**Record-Type**

| | Start | Length | Type | |
|---|---|---|---|---|
| * Trlr-Code | 5 | 1 | N | Value '0' |
| * Detail-Code | 6 | 1 | N | Value '1' |
| * Header-Code | 7 | 1 | N | Value '0' |

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| Record Name | Start | Length | Type | Description/Values |
|---|---|---|---|---|
| * Zip-Code-First 5 | 8 | 5 | AN | Payee zip code; left justified; must not be blank; must contain zip code or zero fill. |
| * Zip-Code-Last 4 | 13 | 4 | AN | If 5 digit zip, left justified and leave remaining 4 digits blank. Zero fill all 9 bytes if zip is not available or foreign country. |
| * Payee-ID | 17 | 10 | AN | Agency assigned ID number. Do not use SSN, left justified. |
| Agency-Optional-ID or Sequence-Number | 27 | 6 | AN, N, or P | Agency use. If used the ID/Seq-No in the Detail Payment Record and the supporting Remittance Advice lines must match the specific payment and audit information. |
| * Line-No | 33 | 2 | N | RA line number; valid values are line '01' to '42'. '01' is the first line to be machine printed. Must be ascending. Skipped lines are not printed. |
| * Det-Amt-Ind | 35 | 1 | N | '0' = Detail RA Amount not reconciled to the payment amount. '1' = Detail RA Amount reconciled to the payment amount. |
| * Detail-RA-Amt. | 36 | 6 | P | '0' = Det-Amt-Ind reconciliation OFF. '1' = Det-Amt-Ind reconciliation ON. RA payment information (total or subtotal) is required. RA amount can be a positive or negative. |
| Filler | 42 | 4 | AN | Agency use or blank fill |
| RA-Print-Statement-Info | 46 | 62 | AN | Agency use. First two lines of print information must include agency name and contact information: address, URL, website, and/or telephone number for inquiry purposes regardless of the coding in the 'RA-Print Suppress-Ind'. Remaining lines describe the payment. Print info is "free form" formatted by agency. Must be in UPPERCASE. |
| RA-Statement-Audit-Info | 108 | Through 7992 | AN | Variable as described by SCO-Audits |

| | Record Name | Start | Length | Type | Description/Values |
|---|---|---|---|---|---|
| **6.** | **Detail Remittance Advice (RA) Statement Record (Non-Print Record – 98 Lines)** | | | | One record per statement line. |
| | **Field Name** | | | | |
| | * Record-Code | 1 | 2 | N | Value '05' |
| | * Claim-No | 3 | 2 | N | That value associated with the Claim-No of Claim Header Record. |
| | **Record-Type** | | | | |
| | * Trlr-Code | 5 | 1 | N | Value '0' |
| | * Detail-Code | 6 | 1 | N | Value '1' |
| | * Header-Code | 7 | 1 | N | Value '0' |
| | * Zip-Code-First 5 | 8 | 5 | AN | Payee zip code; left justified; must not be |
| | * Zip-Code-Last 4 | 13 | 4 | AN | blank; must contain zip code or zero fill. If 5 digit zip, left justified and leave remaining 4 digits blank. Zero fill all 9 bytes if zip is not available or foreign country |
| | * Payee-ID | 17 | 10 | AN | Agency assigned ID number. Do not use SSN, left justified. |
| | Agency-Optional-ID or Sequence-Number | 27 | 6 | AN, N or P | Agency use. If used the ID/Seq-No in the Detail Payment Record and the supporting Remittance Advice lines must match the specific payment and audit information. |
| | * Line-No | 33 | 2 | N | Non-printed RA lines '98' audit lines. Unlimited number of lines are allowed. Value '98' |
| | * Det-Amt-Ind | 35 | 1 | N | '0' = Detail RA Amount not reconciled to the payment amount. '1' = Detail RA Amount reconciled to the payment amount. |
| | * Detail-RA-Amt. | 36 | 6 | P | '0' = Det-Amt-Ind reconciliation OFF. '1' = Det-Amt-Ind reconciliation ON. RA payment information (total or subtotal) is required. RA amount can be a positive or negative. |
| | Filler | 42 | 4 | AN | Agency use or blank fill. |

| Record Name | Start | Length | Type | Description/Values |
|---|---|---|---|---|
| RA-Audit-Info | 46 | Through 7992 | AN | Additional data used to support the payment information. |

### 7. Claim Total Record

#### Field Name

| | Start | Length | Type | Description/Values |
|---|---|---|---|---|
| * Record-Code | 1 | 2 | N | Value '05' |
| * Claim-No | 3 | 2 | N | That value associated with the Claim-No of Claim Header Record. |

#### Record-Type

| | Start | Length | Type | Description/Values |
|---|---|---|---|---|
| * Trlr-Code | 5 | 1 | N | Value '1' |
| * Detail-Code | 6 | 1 | N | Value '0' |
| * Header-Code | 7 | 1 | N | Value '0' |
| Filler | 8 | 18 | AN | Blank fill |
| * Total-Claim-Detail-Payment-Record-Cnt | 26 | 9 | N | Total number of all Detail Payment Records for claim with Record-Type = '010', Line-No = '00', Det-Amt-Ind = '1' S9(9). Must agree with number of payments on claim schedule. |
| * Total-Claim-RA-Statement-Record-Cnt | 35 | 11 | N | Total number of all RA Statement Records for claim with Record-Type = '010', Line-No = '01' through '42' and '98' S9(11). |
| * SCO-Internal-Use | 46 | 3 | N | Blank fill, SCO Internal Use Only |
| * Total-Claim-Detail-Payment-Amount | 49 | 12 | N | Total dollar amount of all Detail Payment Records for claim with Record Type = '010', Line-No = '00', Det-Amt-Ind = '1' S9(12)v99. Must agree with total on claim schedule and not exceed $9,999,999,999.99. |
| Filler | 61 | Through 100 | AN | Blank fill |

### 8. File Total Record

#### Field Name

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| Record Name | Start | Length | Type | Description/Values |
|---|---|---|---|---|
| * Record-ID | 1 | 5 | AN | Value '99EOF' |
| Filler | 6 | 2 | AN | Blank fill |
| **Record-Type** | | | | |
| * File-Total-Rec-Count | 8 | 13 | N | Total number of all records except file total record S9(13). |
| * File-Total-Claim-Count | 21 | 5 | N | Total number of all claim header records with Record Type = '001' S9(5). |
| * Total-File-Detail-Payment-Record-Cnt | 26 | 9 | N | Total number of all Detail Payment Records with Record Type = '010', Line-No = '00', Det-Amt-Ind = '1' S9(9).<br>Must agree with number of payments on claim schedule |
| * Total-File-RA-Statement-Record-Cnt | 35 | 11 | N | Total number of all RA Statement Records with Record Type = '010', Line-No = '01' through '42' and '98' S9(11). |
| * SCO-Internal-Use | 46 | 3 | N | Blank fill, SCO Internal Use Only |
| * Total-File-Detail-Payment-Amount | 49 | 12 | N | Total dollar amount of all Detail Payment Records for claim with Record-Type = '010', Line-No = '00', Det-Amt-Ind = '1' S9(12)v99.<br>Must agree with total on claim schedule and not exceed $9,999,999,999.99. |
| Filler | 61 | Through 100 | AN | Blank fill |

Minimum length of all header and trailer records are 100.
Minimum length of Detail Payment Record and Secondary Payee records are 310.
Minimum length of Detail Remittance Advice record is 107.
Maximum length is 7992.
Legend
N = Numeric Field (must be right justified)
AN = Alpha Numeric (must be left justified)
P = Packed Decimal (Signed 'C' for debits/positive amounts and 'D' for credits/negative amounts)
* = Required field

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